

If you encounter any difficulty reading this form please contact the address or telephone number given opposite

CERTIFICATE OF CHARGES FOR CHILDCARE

Note To Applicant

Please complete Sections A and C. Section B should be completed by the registered childcare provider. The completed certificate should be returned with any benefit application.

SECTION A TO BE COMPLETED BY THE PERSON CLAIMING BENEFIT / REDUCTION

Applicant's Name: _____ Claim Ref No: _____
 Property Address: _____ Property Ref No: _____

Do you or your partner pay for childcare (for any child aged under 15) to a registered childminder, nursery, etc or to an after-school club?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give below the name and address of the childcare provider.

Please give the number of hours worked per week You Partner

SECTION B TO BE COMPLETED BY THE CHILDCARE PROVIDER

Note To Childcare Provider

The Council regrets the necessity of having to trouble you for information but asks that you kindly co-operate by completing this part of the certificate and return it to the applicant.

Provider's Name: _____ Registration No: _____
 Provider's Address: _____

Please indicate if you are:

1. Childminder	<input type="checkbox"/>
2. Nursery	<input type="checkbox"/>
3. School Club	<input type="checkbox"/>

Applicant's children for whom you provide care (aged under 15):

<u>Names</u>	<u>Date(s) of Birth</u>	<u>Weekly Charge Per Child</u>	<u>Weekly Payment Received Per Child From Applicant</u>	<u>Date Payment Commenced</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provider's Signature: _____ **Date:** _____

SECTION C DECLARATION TO BE COMPLETED BY APPLICANT

Please note that any changes in your childcare arrangements or household circumstances must be reported immediately in writing by you to my office.

I declare that the information given on this certificate is true and correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____